

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>I. (a) PLAINTIFFS</b><br>The United States of America                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | <b>DEFENDANTS</b><br>Cornerstone Medical Transport<br>3705 W. School House Lane<br>Philadelphia, PA 19129                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |            |
| <b>(b) County of Residence of First Listed Plaintiff</b><br><i>(EXCEPT IN U.S. PLAINTIFF CASES)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | County of Residence of First Listed Defendant<br><i>(IN U.S. PLAINTIFF CASES ONLY)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |            |
| <b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b><br>KML Law Group, P.C. - Rebecca A. Solarz, Esquire<br>701 Market Street, Ste. 5000, Phila., PA 19106<br>215-627-1322, RSolarz@kmillawgroup.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | NOTE: IN LAND CONDEMNATION CASES USE THE LOCATION OF THE TRACT OF LAND INVOLVED<br>Attorneys <i>(If Known)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |            |
| <b>II. BASIS OF JURISDICTION</b> <i>(Place an "X" in One Box Only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | <b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> <i>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |            |
| <input checked="" type="checkbox"/> 1 U.S. Government Plaintiff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> 3 Federal Question<br><i>(U.S. Government Not a Party)</i>          | Citizen of This State <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 Incorporated or Principal Place of Business In This State                                                                                                                                                                                                                                                                                                                                                                                                                                        | PTF <input type="checkbox"/> 4 DEF <input type="checkbox"/> 4                                                                       |            |
| <input type="checkbox"/> 2 U.S. Government Defendant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> 4 Diversity<br><i>(Indicate Citizenship of Parties in Item III)</i> | Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State                                                                                                                                                                                                                                                                                                                                                                                                                                            | PTF <input type="checkbox"/> 5 DEF <input type="checkbox"/> 5                                                                       |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PTF <input type="checkbox"/> 6 DEF <input type="checkbox"/> 6                                                                       |            |
| <b>IV. NATURE OF SUIT</b> <i>(Place an "X" in One Box Only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |            |
| <b>CONTRACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>TORTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |            |
| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input checked="" type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders' Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise |                                                                                              | <b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers' Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Personal Injury - Medical Malpractice |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability<br><input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>FORFEITURE/PENALTY</b> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 690 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>BANKRUPTCY</b> <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 835 Patent - Abbreviated New Drug Application<br><input type="checkbox"/> 840 Trademark                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Management Relations<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 751 Family and Medical Leave Act                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Employee Retirement Income Security Act                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application<br><input type="checkbox"/> 465 Other Immigration Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |            |
| <b>REAL PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | <b>CIVIL RIGHTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |            |
| <input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              | <b>PRISONER PETITIONS</b> <input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing/ Accommodations<br><input type="checkbox"/> 445 Amer. w/Disabilities - Employment<br><input type="checkbox"/> 446 Amer. w/Disabilities - Other<br><input type="checkbox"/> 448 Education                                                                                                                                                                                            |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>Habeas Corpus:</b><br><input type="checkbox"/> 463 Alien Detainee<br><input type="checkbox"/> 510 Motions to Vacate Sentence<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><b>Other:</b><br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition<br><input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement                                                                                                                        |                                                                                                                                     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application<br><input type="checkbox"/> 465 Other Immigration Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |            |
| <b>V. ORIGIN</b> <i>(Place an "X" in One Box Only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | Cite the U.S. Civil Statute under which you are filing <i>(Do not cite jurisdictional statutes unless diversity)</i> :<br>28 U.S.C. 1345                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |            |
| <b>VI. CAUSE OF ACTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              | Brief description of cause:<br>Enforced Collections                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |            |
| <b>VII. REQUESTED IN COMPLAINT:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DEMAND \$                                                                                                                           |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CHECK YES only if demanded in complaint:<br><b>JURY DEMAND:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |
| <b>VIII. RELATED CASE(S) IF ANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | <i>(See instructions):</i> JUDGE DOCKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |            |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              | SIGNATURE OF ATTORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |            |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |            |
| RECEIPT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AMOUNT                                                                                       | APPLYING IFFP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | JUDGE                                                                                                                               | MAG. JUDGE |

PA CV-2328  
19 2328

## DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: c/o Suite 5000 – BNY Independence Center, 701 Market Street, Philadelphia, PA 19106-1532

Address of Defendant: 3705 W. School House Lane Philadelphia, PA 19129

Place of Accident, Incident or Transaction:

## Action of Enforced Collections

## RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_ Judge: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Civil cases are deemed related when Yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? Yes  No
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? Yes  No
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? Yes  No
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? Yes  No

I certify that, to my knowledge, the within case  is  is not related to any case now pending or within one year previously terminated action in this court except as noted above.

S/2019

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315936

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

## CIVIL: (Place a ✓ in one category only)

## Federal Question Cases:

1. Indemnity Contract, Marine Contract, and All Other Contracts  
 2. FELA  
 3. Jones Act-Personal Injury  
 4. Antitrust  
 5. Patent  
 6. Labor-Management Relations  
 7. Civil Rights  
 8. Habeas Corpus  
 9. Securities Act(s) Cases  
 10. Social Security Review Cases  
 11. All other Federal Question Cases  
(Please specify): \_\_\_\_\_

## B. Diversity Jurisdiction Cases:

1. Insurance Contract and Other Contracts  
 2. Airplane Personal Injury  
 3. Assault, Defamation  
 4. Marine Personal Injury  
 5. Motor Vehicle Personal Injury  
 6. Other Personal Injury (Please specify): \_\_\_\_\_  
 7. Products Liability  
 8. Products Liability – Asbestos  
 9. All other Diversity Cases  
(Please specify): \_\_\_\_\_

## ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, \_\_\_\_\_, counsel of record or pro se plaintiff, do hereby certify:

Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:  
 Relief other than monetary damages is sought.

DATE: \_\_\_\_\_

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

**UNITED STATES DISTRICT COURT**  
**FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

UNITED STATES OF AMERICA

vs...

Cornerstone Medical Transport

Plaintiff

CIVIL ACTION NO.

19

2388

Defendant

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that the defendants do not agree with the plaintiff regarding said designation, that the defendants shall, with their first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which those defendants believe the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus -- Cases brought under 28 U.S.C. §2241 through §2255. ( )
- (b) Social Security -- Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration -- Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos -- Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management -- Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ( )
- (f) Standard Management -- Cases that do not fall into any one of the other tracks. (X)

4/30/2019

Date

Rebecca A. Solarz, Esq.

**Attorney for Plaintiff, United States of America**  
 Pennsylvania Attorney I.D. No. 315936  
 Suite 5000 – BNY Independence Center  
 701 Market Street  
 Philadelphia, PA 19106-1532  
 (215) 825-6327 (Direct)  
rsolarz@kmllawgroup.com

MAY 28 2019

2019



UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

vs.

Cornerstone Medical Transport

Defendant

19

2398

CIVIL NO.

**COMPLAINT**

The United States of America, on behalf of its Agency, The United States Department of the Treasury Bureau of the Fiscal Service, by its specially appointed counsel, Rebecca A. Solarz of KML LAW GROUP, P.C., represents as follows:

1. This Court has jurisdiction pursuant to 28 U.S.C. 1345.
2. The last-known address of the Defendant, Cornerstone Medical Transport (“Defendant”) is 3705 W. School House Lane, Philadelphia, PA 19129.
3. That the defendant is indebted to the plaintiff in principal amount of \$44,621.74, plus interest of \$14,926.24, for a total of \$59,547.98. A true and correct copy of the Certificate of Indebtedness is attached as Exhibit “A” (“Certificate of Indebtedness”).
4. Demand has been made upon Defendant by Plaintiff for the sum due but the amount due remains unpaid.

WHEREFORE, the plaintiff demands judgment against Defendant as follows;

- (A) In the amount \$59,547.98.
- (B) Plus filing fee allowed pursuant to 28 U.S.C., Section 1914 in the sum of \$150.00.
- (C) Interest from the date of judgment at the legal rate of interest in effect on the date of judgment until paid in full.
- (D) Costs of suit.

Notice is hereby given to Defendant that Plaintiff intends to seek satisfaction of any judgment rendered in its favor in this action from any debt accruing.

United States of America by and through  
its specially appointed counsel  
KML Law Group, P.C.

By: \_\_\_\_\_  
Rebecca A. Solarz, Esquire  
BNY Independence Center  
701 Market Street  
Suite 5000  
Philadelphia, PA 19106-1532  
(215)825-6327  
RSolarz@kmlawgroup.com

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF PENNSYLVANIA

**UNITED STATES OF AMERICA**

**Plaintiff**

**vs.**

**Cornerstone Medical Transport**

**Defendant**

**CIVIL NO.**

**EXHIBITS**

**“A” CERTIFICATE OF INDEBTEDNESS**



U.S. DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. HEALTH & HUMAN SERVICES  
CENTERS FOR MEDICARE and MEDICAID SERVICES  
CERTIFICATE OF INDEBTEDNESS

Cornerstone Medical Transport  
3705 W. School House Lane  
Philadelphia, PA 19129  
EIN: 27-3368210

Agency Debt ID Nos.: TRFM1600235026/767065596

I hereby certify, as part of my duties with the U.S. Department of the Treasury (Treasury), including referring matters to the U.S. Department of Justice (DOJ) for litigation, I am a custodian of records of certain files sent by the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) to Treasury for collection actions. As a custodian of records for Treasury, I have care and custody of records relating to the debt owed by Cornerstone Medical Transport, (DEBTOR) to HHS.

The information contained in this Certificate of Indebtedness is based on documents created by an employee or contractor of HHS based on his/her knowledge at or near the time the events were recorded, including the review of the delinquency of overpayments, or by an employee or contractor of Treasury based on his/her knowledge at or near the time the events were recorded, including the review of the delinquency of overpayments. Treasury's regular business practice is to receive, store and rely on the documents provided by HHS, when, debts are referred to Treasury for collection activities, including litigation.

On November 19, 2015, HHS determined the DEBTOR delinquent for an overpayment in the amount of \$44,621.74 with an annual interest rate of 10.00%, for CMS services rendered. HHS sent the DEBTOR letters advising of the overpayment and requesting payment to no avail.

HHS referred the claims to Treasury's Bureau of the Fiscal Service, Debt Management Services (DMS) for litigation and collection on July 8, 2016. Further, I certify that I am familiar with Treasury's record keeping practices, including the receipt of files from HHS.

On March 21, 2019, DMS referred the claim to DOJ for litigation and collection in the amount due of \$44,621.74 with daily interest of \$12.22 as of April 10, 2019.

|                     |                     |
|---------------------|---------------------|
| Principal:          | \$ 44,621.74        |
| Interest (@10.00%): | \$ 14,926.24        |
| <b>Total:</b>       | <b>\$ 59,547.98</b> |

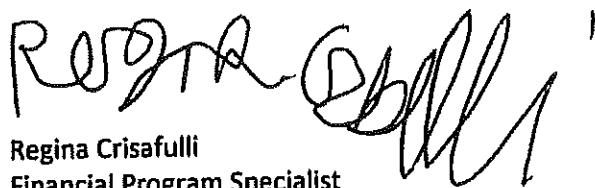


U.S. DEPARTMENT OF THE TREASURY  
BUREAU OF THE FISCAL SERVICE  
WASHINGTON, DC 20227

ACTING ON BEHALF OF  
U.S. HEALTH & HUMAN SERVICES  
CENTERS FOR MEDICARE and MEDICAID SERVICES  
CERTIFICATE OF INDEBTEDNESS

The balance stated in the case listed above is current as of April 10, 2019, including any applicable interest, penalties, administrative fees, and DMS & DOJ fees (pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note).

Pursuant to 28 U.S.C. § 1746(2), I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the HHS and information contained in Treasury's records.



Regina Crisafulli  
Financial Program Specialist  
U.S. Department of the Treasury  
Bureau of the Fiscal Service